


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # F98561 1. Entity Name LANIER FUNERAL HOME, INC.	
--	---

Principal Place of Business 717 GRIFFIN RD. LAKELAND, FL 33805 US	Mailing Address P O BOX 90547 LAKELAND, FL 33804
---	--

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2217546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANIER, CHARLES R SR 717 GRIFFIN RD LAKELAND, FL 33805
--

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LANIER, CHARLES R SR
STREET ADDRESS	621 GRIFFIN RD
CITY-ST-ZIP	LAKELAND, FL
TITLE	VP
NAME	LANIER, JOHNNIE M
STREET ADDRESS	621 GRIFFIN RD
CITY-ST-ZIP	LAKELAND, FL
TITLE	SDT
NAME	WEBB, CHERYLE M
STREET ADDRESS	1815 W. SACRUM LOOP ROAD
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

1100000763749
05/30/07-80026-033 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Cheryle M. Webb</i> Cheryle M. Webb, SDT	Date 5/3/07	Daytime Phone # (863) 687-3996
--	--------------------	---------------------------------------